

**DEPARTMENT OF VETERANS AFFAIRS'**  
**COMPENSATED WORK THERAPY / TRANSITIONAL RESIDENCE**  
**PROGRAM**

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**Program Monitoring Manual**

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**Revised October 2001**

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**[vawww.nepec.mentalhealth.med.va.gov](http://vawww.nepec.mentalhealth.med.va.gov)**

## **I. Evaluation of the CWT/TR Program**

Since its inception in 1990, the CWT/TR program has been evaluated and monitored by VA's Northeast Program Evaluation Center (NEPEC) in West Haven, CT. The goals of the evaluation are to: 1) assess whether the program has been implemented as planned; 2) determine if the program is reaching the intended target populations, 3) assess whether the program is effective in improving veteran health status, employment performance, income, residential status, social functioning and reducing the use of VA inpatient care, and 4) identify ways to refine or change the clinical program, nationally and at specific sites.

### ***A. The Evaluation Assistant***

Our experience has been that the success of a national monitoring system is dependent on the presence, at each site, of an Evaluation Assistant – a person who has been given the time, backing, and responsibility for coordinating the data collection as they are scheduled for completion. The Evaluation Assistant is NEPEC's contact person.

### ***B. Liaison with NEPEC***

Debbie Sieffert will be in regular communication with the Evaluation Assistant at each site. We encourage the Evaluation Assistants to contact Debbie at any time, about any questions regarding the use of the monitoring forms or monitoring system. It is impossible to foresee all of the questions that will arise during the administrations of these forms across all CWT/TR sites. There are always instances or ambiguities that we have not anticipated. When they come up we want to decide on a way to handle them that will be uniform across all sites.

Debbie Sieffert	(203) 932-5711 x3616 <a href="mailto:debbie.sieffert@med.va.gov">debbie.sieffert@med.va.gov</a>
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### ***C. Feedback to Sites***

Feedback to sites is an important part of NEPEC's role. Every three months each CWT/TR site receives an extensive summary containing the most up-to-date cumulative results of data collected for the program. Sites also receive extensive site-specific data results of information collected from veterans in their CWT/TR programs. In addition, NEPEC produces periodic progress reports (every other year) that summarize the program on a national level and site level. These progress reports are distributed to the sites, medical center directors, network directors and VHA Headquarter staff.

## II. Overview of the Monitoring System

Below is a summary of the data collection plan. It succinctly notes each monitoring form, the time the form is to be completed and the person responsible for completing the form. **Copies of all 5 monitoring forms can be found on the NEPEC website ([vaww.nepec.mentalhealth.med.va.gov](http://vaww.nepec.mentalhealth.med.va.gov)).**

### First Admissions to the CWT/TR Program

Time of Data Collection	Form Type	Person Completing Form
Within 10 days of veteran's first admission	Admission Assessment (AA) Brief Symptom Inventory (BS)	AA – Evaluation Assistant BS – veteran
One month after 1 <sup>st</sup> admission	Residential & Work Program Questionnaire (RW)	veteran
At discharge	Discharge Summary (DS)	Evaluation Assistant
3 months after 1 <sup>st</sup> discharge	1 <sup>st</sup> Follow-Up Assessment (FU) Brief Symptom Inventory (BS)	FU – Evaluation Assistant BS - veteran

### Each Readmission to the CWT/TR Program

Time of Data Collection	Form Type	Person Completing Form
Readmission	No forms due at readmission	
At each discharge	Discharge Summary (DS)	Evaluation Assistant
After discharge	No forms due after discharge	

## III. Tools to Assist Your Management of the Data Collection

### A. Admission Log (*optional*)

Available on NEPEC's website, ([vaww.nepec.mentalhealth.med.va.gov](http://vaww.nepec.mentalhealth.med.va.gov))

The main function of the Admission Log is to serve as a flow sheet and as a reminder for when forms are due to be completed and sent to NEPEC. Many of you may opt to use a spreadsheet software program (e.g. Excel) that is available to you at your medical center in assisting you to remember when forms are due to be completed. The decision to use the Admission Log or a software spreadsheet program is up to you. If you do decide to use the Admission Log, it is fairly self-explanatory. However, there is one point to keep in mind - each veteran is to be entered on a log sheet only once.

### B. Prompt Book (*optional*)

Available on NEPEC's website, ([vaww.nepec.mentalhealth.med.va.gov](http://vaww.nepec.mentalhealth.med.va.gov))

Several of the questions in the AA and FU forms are to be answered by the veteran according to standardized rating scales. In these cases, the instructions in the AA and FU direct you to ask the veteran to turn to the appropriate page in the Prompt Book. This

procedure, although initially cumbersome, greatly facilitates obtaining these ratings in a valid and uniform manner.

***C. Calendar (optional)***

**Call Debbie Sieffert (203-932-5711 x3616) to obtain a copy**

In the Admission Assessment (AA) form, the time-frames shift back and forth from the last 30 days, to the last 30 days living in the community, to the last 6 months and to one's lifetime. For this reason, it is important to be sure that the veteran has the correct time-period in mind when answering the questions. We have provided a calendar to assist you in interviewing the veteran. **Please call Debbie Sieffert (203-932-5711 x3616) and she will FAX you a copy of a current calendar.**

**IV. Processing and Mailing Material to NEPEC**

All monitoring forms should be carefully checked for completeness and accuracy before being photocopied and sent to NEPEC. Forms should be mailed to us on a **monthly** basis. Please be sure to check the accuracy of the Social Security Numbers on each monitoring form submitted. Please mail your forms to:

Debbie Sieffert  
NEPEC 182  
VA Connecticut Healthcare System  
950 Campbell Ave.  
West Haven, CT 06513  
(203) 932-5711 X3616  
FAX (203)-937-3433  
[debbie.sieffert@med.va.gov](mailto:debbie.sieffert@med.va.gov)

## V. Clarification of Specific Items on Monitoring Forms

### A. Admission Assessment (AA) Form

The residential history section of the AA (page 2) can be kind of tricky. Below you will find some suggestions and examples that will assist you in completing this section of the form.

#### Questions 8 and 9.

We suggest that you write a “time line” on the bottom of page 2. Start with the day before the veteran’s admission to the TR and work backwards for 6 months to get the information to complete Questions 9a - 9p. Ask the veteran where s/he was living for the 6 months prior to admission and the dates at each place working backwards. For example:

8/15/01 (Admission to the CWT/TR program),  
8/14/01 → 6/15/01 (VA Domiciliary),  
6/14/01 → 5/01/01 (VA substance abuse unit),  
4/30/01 → 3/12/01 (shelter, vet is not receiving treatment in the shelter),  
3/11/01 → 2/15/01 (sister's apartment).

Some veterans may not remember exact dates so you may estimate. We suggest that you not ask the veteran Question 8 but determine the last date living in the community by examining your time line (you may need to go back further than 6 months for Question 8 in the event the vet was institutionalized for more than 26 weeks). In the example above, the answer to Question 8 is 4/30/01. “Living in the community” means living in an unsupervised setting (not a health care institution, residential facility or prison). Once you have determined the answer for Question 8, please confirm the date with the veteran and keep it in mind when answering Questions 25 – 26c and 30 - 32. Returning to the example again, the answers to Question 9a – 9p should add up to approximately 26 weeks and are recorded as follows:

9a	9i
9b.....3 weeks/3 days	9j
9c.....6 weeks/2 days	9k
9d	9l
9e	9m.....7 weeks
9f.....8 weeks/3 days	9n
9g	9o
9h	9p

Just a comment about the categories listed in Question 9. The list is not exhaustive. In fact over the last several years, the types of services available to the homeless and the types of health care treatment available in the VA have changed considerably. For example, shelters that once provided only a place to sleep now provide treatment, drug and alcohol screens and meals. Within the VA, many medical centers have closed inpatient substance abuse units and alternative treatment modalities are being utilized (e.g. outpatient substance abuse treatment in combination with lodger bed programs). If you are puzzled about where to code a living situation in Question 9, it is best to put it in “Other” and describe the living situation in detail in your time line.

***Question 10 (How is homelessness defined?)***

An episode of homelessness begins with a loss of a **fixed, regular and adequate nighttime residence** in which the veteran **has stayed for a month or more** and ends with the acquisition of a new fixed, regular and adequate nighttime residence.

The beginning of a current episode of homelessness is defined by two criteria:

- 1) The veteran must have lost his/her last fixed, regular and adequate nighttime residence, one in which s/he had stayed for at least a month or more. This residence could have involved staying with relatives or friends if it was a stable residence, and not just a matter of being put up temporarily. The determination of stable residence vs. temporary residence must be left up to the clinician doing the interview. Staying in a SRO building, in a boarding home or a YMCA would be a fixed, regular and adequate nighttime residence if the veteran stayed there for a month or more.
- 2) The veteran must not be staying in an institution.

***Question 10a and 10b (How is the length of homelessness determined?)***

The length of time homeless is determined by figuring the number of months or years since the veteran last had a fixed, regular and adequate nighttime residence, minus the time spent in institutions (hospitals, jails, nursing homes, etc).

**EXAMPLES:**

1. A veteran was living with his parents until 4 months ago when they threw him out for stealing from them. He realized alcohol was ruining his life and came right to the VA for treatment and was admitted to an alcoholism treatment unit. After 4 months there he was transferred to the Domiciliary. This veteran is not currently homeless. It is four months since he last had a fixed, regular and adequate nighttime residence where he stayed for a month or more, but he spent the entire four months in an institution. After subtracting the institutional time there is no time of homelessness. [4 months - 4 months = 0 months]
2. If this same veteran last had a fixed, regular and adequate nighttime residence of his own 4 months ago, but then spent a week with friends and 3 weeks in shelters before coming to the VA, where he was in treatment for 3 months. He would have been homeless for 1 month. (Four months since his last fixed, regular and adequate nighttime residence, less 3 months in an institution.) [4 months - 3 months = 1 month]
3. A veteran last had a fixed, regular and adequate nighttime residence of his own (a posh Beverly Hills mansion) 2 years ago, when he broke his neck in a car accident. He has been in a hospital since then. After he had been in the hospital for 5 months his parents sold the mansion. Even though he now has no home, this

veteran is not currently homeless. (It has been 2 years since he had a fixed residence, but the two years in the hospital must be subtracted.) [2 years - 2 years = 0 years]

4. A veteran lost his apartment (in which he had lived for 3 months) 5 years ago. Since then he has stayed in shelters or intermittently with family or friends for a few days, or at most, a week. He did sleep on the floor of a cousin's house for 6 weeks once, but says his cousin wanted him to leave the whole time. He also spent 2 years in jail. This veteran has been homeless for 3 years (5 years since last fixed, regular and adequate nighttime residence minus two years in jail.) The 6 weeks with his cousin was not a stable residence and thus neither interrupted this episode of homelessness, nor should they be subtracted from the time since the last fixed, regular and adequate nighttime residence, 5 years ago. [5 years - 2 years = 3 years]

5. LAST AND MOST CHALLENGING EXAMPLE. A veteran says that 4 years ago he had a nice job and was living with his wife and children. At that time he lost his job and his wife asked him to leave the family. Since that time he has been traveling around the country by hitchhiking and riding the rails in empty boxcars. Two years ago, however, he met a woman in Des Moines, Iowa, and moved in with her, planning to settle down. After 37 days, however, the woman asked him to leave. Since leaving that woman he spent 3 months in jail. Then, 4 months ago, he rented an apartment in Philadelphia, but lost it after 1 week, when his deposit check bounced. Two months ago he was admitted to the Philadelphia VAMC Alcohol Treatment Unit and was transferred to the Coatesville VAMC psychiatry service two weeks ago. He is applying for admission to the Domiciliary, today. How long has he been homeless?

ANSWER. The current episode of homelessness began after the lady in Iowa threw him out. He did have a fixed, regular and adequate nighttime residence with her for more than a month. The apartment in Philadelphia was not a stable residence, even though he rented it himself, because he only lasted there a week. It is thus 23 months since he last had a fixed, regular and adequate nighttime residence where he stayed for a month or more. We subtract the 3 months in jail and the two months that he has spent in the Philadelphia and Coatesville VA Hospitals, for a total of 18 months homeless. Even though he did stay in the apartment for 1 week, this was not a stable residence so it does not interrupt the episode of homelessness, and does not get subtracted from the total time he was homeless. [23 months - 3 months - 2 months = 18 months].

## ***B. Brief Symptom Inventory (BS) & Residential and Work Program (RW) Questionnaires***

The veteran completes the BS and RW forms. Staff should make available to the veteran a quiet room that is well lit with ample space to write his/her responses. A #2 pencil with an eraser should be provided and pens should not be used. You may help the veteran by clarifying the meaning of words when requested; however, use caution so as to not influence the direction of the veteran's response. In the event that a veteran has difficulty reading the form, it is appropriate for you to read the items aloud. Veterans should be encouraged to answer each item and staff has the responsibility of making sure the forms are complete.

## **VI. What Should I Know About Follow-Up**

### ***A. Who Should Be Followed-Up After Discharge?***

**All veterans who have been in the program long enough to have admission data collected** (e.g. AA and BS forms) **should receive a follow-up interview.** It is, in fact, very important to get information on those individuals who leave the program early (e.g. after less than a month) in order to compare them with veterans who have a longer lengths of stay in the program.

### ***B. Follow-Up Steps, Techniques and Strategies***

#### **1. General Overview**

1. Make sure to complete the **Future Contact Sheet** at the time of admission (found at the end of the AA form), and update/verify information at the time of the veteran's discharge. In addition, it may be useful to note on the Future Contact Sheet where the veteran spends a lot of his/her time (i.e. where he eats, sleeps or hangs-out) as well as, visible scars or tattoos and aliases (street names or nicknames).
2. Contact the veteran (phone, letter, post-card, etc) one month after discharge in order to verify whether s/he is likely to be at the same address in two months and update/verify information on the Future Contact Sheet.
3. Provide the veteran with a self-addressed stamped post card at the time of discharge that can be mailed in case there is a change in address.
3. Begin to look for the veteran 6 weeks before a follow-up interview is due and continue to actively look for him/her 6 months after the interview due date.
4. Have a more flexible tour of duty (if at all possible). Conflicting work schedules between the veteran and the evaluation assistant sometimes makes it difficult or even impossible to do a follow-up interview during regular work hours.



5. Develop a good working relationship with each veteran during his/her stay in the TR program. It is important that this relationship be seen as other than that of "treatment provider". This is especially true for those veterans who leave the program under less than optimal conditions.

6. Some Evaluation Assistants make it a point to develop relationships with providers in the community (shelters, soup kitchens, etc). These community providers prove to be extremely valuable to when trying to re-locate those hard-to-find veterans.

7. Attend or visit CWT/TR alumni groups or aftercare programs.

8. Be persistent and exhaust all leads.

9. Be prepared to respond quickly when a veteran surfaces unexpectedly (e.g. always carry a follow-up form with you--you never know where or when you may run into a veteran due for a follow-up interview).

10. Try first to conduct the follow-up interview face-to-face with the veteran. It is acceptable, however, in some cases (e.g. great distances, incarceration) to "interview" a veteran over the telephone. Please note that the BS (which is completed by the veteran) can be mailed to the veteran if it cannot be done in person. It is a good idea to send a self-addressed stamped envelop with these forms to help ensure they are returned to you. If you have a strong suspicion that the veteran will not return the form, you may administer it over the telephone.

## **2. Checklist for Locating "Lost" Veterans**

Some veterans are extremely difficult to re-locate after discharge. Below is a list of follow-up techniques that Evaluation Assistants have found to be useful in re-locating those hard-to-find veterans.

1. Contact relatives, friends and other veterans.

2. Contact the veteran's conservator.

3. Phone call to the veteran's last known/listed telephone number.

4. Write a letter to the veteran's last known/listed address.

5. Conduct a visit to the veteran's last known address or place of employment.

6. Develop a monthly list of veterans you are looking for (a "most wanted list") to be circulated within the VA system (inpatient units, outpatient programs) as well as among community agencies and providers (community mental health centers, psychiatric

crisis centers, Salvation Army, homeless shelters, soup kitchens, jails, police, etc.) who may have had recent contact with the veteran.

7. Talk to individuals in the veteran's current or former environmental niche (neighbors, co-workers, etc.).

8. Search for the veteran on the Web.

9. Check with the Post Office. If you know the veteran's former address, the US Postal Service can provide you with the new address – if a change-of-address form was filed within the last 18 months. All you do is complete a "Freedom of Information" request form and the new address will be mailed to you. (fee is \$3)

10. Contact city hall and/or the county courthouse. Deeds, car registration records, marriage licenses, voter-registration rolls, professional licenses, tax records, trial records etc. are all on file here and available to the public.

11. Call Directory Assistance. Operators can search an entire area code for the missing veteran.

12. Contact the motor-vehicle department. In most states the names and addresses of licensed drivers are part of the public record. To obtain an address, you must supply the name and date of birth of the missing veteran (typical fee \$5).

13. The public library is another great resource especially if you can find a helpful librarian.

14. Things one can do within the VA system:

- Review G & L sheets daily.
- Review DHCP on a regular basis.
- Check with VAMC inpatient clinicians, especially those clinicians located in the domiciliary, substance abuse and psychiatric treatment units.
- Check with VAMC outpatient clinicians, especially those clinicians located in outpatient mental health clinics.
- Try to be available in the outpatient clinics when a lost veteran comes in for a scheduled appointment.
- Call your local Vet Center(s).
- Contact your medical center's VBA counselor. They may have a current address especially if the veteran is receiving a benefit check.
- Check the VA Mail Room. The veteran may have left a forwarding address.
- Call Debbie Sieffert to give her your lost veterans' social security numbers. We will see if the veteran is using services at other VA medical centers across the country.

- Check with other nearby VA facilities where the veteran may be likely to be receiving services.